

9872 U.S. PTO 909/921184

| Please type a plus sign (+) inside this box — 🛨 | U.S. Patent and Trademark | PT for use through 10/31/2002 Office, U.S. DEPARTMENT (| OF COMMERCE U |
|--|-----------------------------------|---|-----------------|
| ider the Paperwork Reduction Act of 1995, no persons are required to respo | nd to a collection of information | unless it displays a valid OMB | control number: |
| UTILITY | Attomos Doolest No. | 5000-1-216 | |

| U [.] | TILITY | Attorney Docket No. | 5000-1-216 | | |
|---|--|--|--|--|--|
| PATENT A | APPLICATION | First Inventor | 77. 77. 77. | | |
| TRAN | SMITTAL | Title | ORTO ELECTRICAL CROSS | | |
| (Only for new nonprovisional | applications under 37 CFR 1.53(b)) | Express Mail Label No | | | |
| | ION ELEMENTS | ADDRESS TO: | Box Patent App | | |
| T. September 1. September 1. September 2. S | all entity status. If Total Pages 13 1 et authorison 1 et aut | 7 C.D-ROM or C. Require Pro 8 Nucleotide andor Am (if applicable, ail nee Computer R b. Specification Seq ii Department of Computer R ii Depa | essary) estable Form (C uence Listing on COM or CD-R (2 reverlying identity ING APPLIC, Papers (cover sh Nb) Statement is an assignee) station Decume Disclosure Disclosure Disclosure Disclosure Disclosure Obstitute The Total Company Amendment appl Postcard (M) prof Postgrad Amendment appl Postcard (M) prof Postgrad Amendment appl Postcard Amendment Applicant must a alent | large table or nce Statmission RF) ocopies); or of above copies ATION PARTS Power of Attorney nt (# applicable) Citations PEP 903) got unment(e) under 312 u | |
| or in an Application Data Shee and Continuation First application information For CONTINUATION OR DIVISION Box 5 is, is considered a part of The incorporation can only be 1 Customer Member or Ber Co Name Address City | Dowlson Continuation in part (CIT Exercise) PMALAPORTY, The entire disclosure of the accompanying of the accompanying and allied upon when a portion has been read ealled upon when a portion has been read 19. CORRESPON 19. CO | of poor application No. Greak At Unit of the prior application, from which imutation or divisional application the STEP of the STEP of the STEP TOTAL ADDRESS TOTAL STEP STEP STEP STEP STEP STEP STEP STEP | th an oath or decil n and is hereby in itted application p Correspon | aration is supplied under corporated by reference. orts. | |
| Country | | Telephone | Fé | | |
| Name (Print/Type) | Steve Cha | Registration No. (A | ttorney/Agent) | | |
| Signature | 4 | (| Date | August 2, 2001 | |

Burden Hour Stetement This form is estimated to take 9 flours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete the form should be sent to the Chief Information Officer, U.S. Pertent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO "Assatisent Commissioner for Patents, Box Patent Application, Washington, DC 2003.

PTO/SB/17 (11-00)

| FEE TRANSMITTAL for FY 2001 Patent fies are subject to annual revanion TOTAL AMOUNT OF PAYMENT The Commissioner is hereby authorized to charge incorated fresh and credit any overlapoyments to charge in charge in the credit and the control of the control | Approved for use stronger in Jun 2012 Control option of Approved for use stronger in Jun 2012 Control option of Approved for use stronger in Jun 2012 Control option of UNIX STATE CONTROL OF COMMENCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | |
|---|--|---|--|--|--|
| Filing Date August 2, 2001 First Named Inventor BYUINg-Jik KIM | | | | | |
| First Named Inventor Byung-Jik KIM Examiner Name From Advanced From State Sta | FEE IRANSMILLA | Application Number | | | |
| First Named Inventor Byung-Jik KIM Examiner Name From Advanced From State Sta | | Filing Date August 2, 2001 | | | |
| Group Art Unit | for FY 2001 | First Named Inventor Byung-Jik KIM | | | |
| METHOD OF PAYMENT | | Examiner Name | | | |
| METHOD OF PAYMENT FEE CALCULATION (confinued) | Patent fees are subject to annual revision | Group Art Unit | | | |
| The Commissioner is hereby authorized to charge proposed feet and cerel any overlappinents to charge projected feet and cerel any overlappinents to charge project feet and cerel any overlappinents to charge any overlapp | TOTAL AMOUNT OF PAYMENT (\$) 710.00 | Attorney Docket No. 5000-1-216 | | | |
| The Commissioner is hereby authorized to charge indicated test and credit any overpayments to Deposit 11-1153 | METHOD OF PAYMENT FEE CALCULATION (continued) | | | | |
| Large Small Large Fee | | | | | |
| Account LAUBER & JACKSON Code | · Indicated fees and credit any overpayments to: | fees and credit any overpayments to Large Small | | | |
| Code (8) | Account 11-1153 | Fee Fee Fee Fee Fee Description Fee Paid | | | |
| Complete of the control of the con | | Code (\$) Code (\$) | | | |
| Charge Any Adobtoom En Preservor Interest 2 Preservor Approach Carm's small entity Preservor FEE CALCULATION 13 1,840" 13 1, | Account KLAUBER & JACKSON | 100 | | | |
| Apptact actions and entry status 190 130 130 130 Non-English specification | - Charles Ann Address See Received | 127 50 227 25 Surcharge - late provisional filling tee of cover sheet | | | |
| 147 2,800 147 | LAJ Under 37 CFR 1 16 and 1 17 | 139 130 139 130 Non-English specification | | | |
| 2. | Applicant claims small entity status See 37 CFR 1 27 | | | | |
| The content of the | | 112 920* 112 920* Requesting publication of SIR prior to | | | |
| 1. BASIC FILING FEE | X Check Credit card Order Other | 113 1,840° 113 1,840° Requesting publication of SIR after | | | |
| 1. BASIC FILING FEE Large Entity Small Entity Fee | FEE CALCULATION | | | | |
| 17 80 217 465 Extension for reply within front month | 1. BASIC FILING FEE | a decemb | | | |
| Fee Paid 101 719 | Large Entity Small Entity | 117 890 217 445 Extension for reply within third month | | | |
| 101 710 201 355 Unity fing fee 103 302 005 file Design fing fee 107 490 207 245 Plant fling fee 108 710 208 355 Resizes ling fee 119 310 219 155 Notice of Appeal 110 219 201 201 201 155 Notice of Appeal 110 219 201 201 201 201 201 201 201 201 201 201 | | d | | | |
| 108 220 206 160 Design filing fee | | | | | |
| 100 210 20 355 Reassus liming fee | | | | | |
| 2. EXTRA CLAIM FEES SUBTOTAL (1) (5) 710.00 10 2. EXTRA CLAIM FEES Fee From Fee Pool of Claims Total Claims Fee From Fee From Fee Pool of Claims Total | 101 100 | 120 310 220 155 Filing a brief in support of an appeal | | | |
| SUBTOTAL (1) (S) 710.00 2. EXTRA CLAIM FEES Set Claims Set Claims Fee Food Claims 2. 2012 10 | | 121 270 221 135 Request for oral hearing | | | |
| 2. EXTRA CLAIM FEES For from Total Claims Independent 2. 3*** = 0 | 114 100 011 11 | | | | |
| 2 2 2 2 2 2 2 2 2 2 | SUBTOTAL (1) (\$) 710.00 | | | | |
| Total Claims | | [4] [,240 241 040 | | | |
| Total Climas 144 600 244 300 Plant issue fee | Extra Claims below Fee Pa | | | | |
| Clasms Large Entity Small Entity Fee Fee Fee Fee Description 123 30 122 130 Petatrons to the Commissioner 123 30 122 130 Pe | | | | | |
| 123 50 50 50 50 50 50 50 5 | Claims | = 1.00 | | | |
| Large Entity Small Entity Fee Fee Fee Fee Code (8) Code (8) 103 18 203 6 Claims in excess of 20 102 80 2024 0 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 **Ressue ristope-dent claims 110 18 210 9 **Ressue ristope-dent claims 110 18 210 10 Sbit Missier inseprenting proporty (unes number of proportive) 110 18 210 10 Sbit Missier inseprenting proporty (unes number of proportive) 110 18 210 10 Sbit Missier inseprenting proporty (unes number of proportive) 110 18 210 10 Sbit Missier inseprenting proporty (unes number of proportive) 110 18 210 10 Sbit Missier inseprenting proporty (unes number of proportive) 110 18 210 10 Sbit Missier inseprenting proporty (unes number of proportive) 110 240 355 First pass submission of proportive inseprenting proporty (unes number of proportive) 110 240 355 First pass subm | Multiple Dependent | | | | |
| Fee | Largo Solity Small Entity | 41.4 to - Document Christ | | | |
| Complete (Appendix Page 14 Complete (Appe | Fee Fee Fee Fee Description | 504 40 584 40 Recording each patent assignment per | | | |
| 102 80 202 40 Independent claims in excess of 3 146 710 246 355 Fairing a submission after final rejection (370 204 135 Multiple dependent claims if not plead to 98 209 40 ** Resizes in dependent claims river original plates." 149 710 249 355 For each adiational invention to be examined (37 CFR § 11269) 112 Price (1998) 112 Price (1998) 110 18 210 9 ** Resizes claims in excess of 20 and over original plates." 179 710 279 355 Request for Continued Examination (RCE) (1998) 179 710 279 355 Request for Expected examination of a design application. 179 Price (1998) 1 | | property (times number of properties) | | | |
| 104 270 204 135 Multiple dependent claim. If not plead 149 710 249 355 For each additional invention to be examined (37 CFB \$1.75(b)) | 100 10 200 | 146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a)) | | | |
| 106 80 209 40 **Resisue independent claims over degral plants. 110 18 210 9 **Resisue claims accessed 20 and control plants. 179 710 279 355 Resquest for control Examination (RCE) 179 710 279 355 Resquest for control Examination (RCE) 180 900 190 900 Request for expectated examination of accessed acces | | 140 740 249 355 For each additional invention to be | | | |
| 110 18 210 9 "Reseaue clasms in excress of 20 and over original patent (\$\frac{1}{2}\) T0 279 350 Regulast not Confined assignment (\$\frac{1}{2}\) Regular (\$\frac{1}\) Regula | 109 80 209 40 "Reissue independent claims over original patent | examined (37 CFR § 1129(0)) | | | |
| and over corporal patient SUBTOTAL (2) (\$) 710.00 Subtotal (2) (\$) 78.000 Other fee (specify) **Neduced by Basic Faing Fee Paid SUBTOTAL (3) (\$) 710.00 *Complete of applicable) Complete of applicable) | 110 18 210 9 ** Reissue claims in excess of 20 | | | | |
| SUBTOTAL (2) (\$) 710.00 Other fee (specify) Other fee (specify) SuBTOTAL (3) (\$) 710.00 **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 710.00 Complete of (applicable) | and over original patent (see one 169 900 Request for expedited examination | | | | |
| **or number previously paid, if greater, For Reissues, see above Reduced by Basic Filing Fee Paid SUBTOTAL (3) [277] Complete (#applicable) | SUBTOTAL (2) (\$) 710.00 | Other fee (specify) | | | |
| Complete (if applicable) | | | | | |
| | *for number previously paid, if greater, For Reissues, see above | | | | |
| | SUBMITTED BY Registration No 44 069 Telephone (201) 487-5800 | | | | |

Name (PriefType)

Steve Clia

| Replacement | August | Au